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Early adolescents' body dysmorphic symptoms as compensatory responses to parental appearance messages and appearance-based rejection sensitivity

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ABSTRACT

Body dysmorphic disorder (BDD) is marked by high distress and behavioral and functional impairments due to preoccupation with perceived appearance anomalies. Our aim was to examine parental correlates of offspring's symptoms characteristic of BDD, testing both direct associations and indirect associations via appearance-based rejection sensitivity (appearance-RS). Surveys were completed by 302 Australian adolescents (9–14 years) and their parents. Findings indicated parents' weight and appearance teasing and child-report (but not parent-report) of parental negative attitudes about weight and appearance were uniquely associated with offspring's heightened BDD-like symptoms, and associations were partially indirect via adolescents' appearance-RS. Findings support theory that identifies parents as socializers of children's appearance concerns, and show that BDD-like symptoms may be partly elevated because of the mediating role of appearance-RS. We propose that BDD symptoms could partly emerge as compensatory responses to parents' appearance messages, and the associated bias to expect and perceive rejection based on one's appearance.

1. Introduction

Researchers and clinicians are increasingly attending to extreme body image concerns, which are often referred to as symptoms of body dysmorphic disorder (BDD; Albertini & Phillips, 1999) or appearance anxiety (Zimmer-Gembeck, Webb, Farrell, & Waters, 2017). BDD is a pathological condition in which preoccupation with imagined or slight anomalies in appearance cause excessive distress, resulting in behavioral and functional impairments such as excessive grooming and repeated checking of appearance (American Psychiatric Association, 2013). Among adult BDD sufferers, symptoms are typically reported to have emerged during childhood and adolescence (Phillips & Hollander, 2008). Adolescents with BDD tend to be similar to adults in their clinical characteristics, except that adolescents demonstrate poorer insight and even higher rates of suicidal attempts (Phillips et al., 2006). Notably, with a few exceptions (e.g., Mastro, Zimmer-Gembeck, Webb, Farrell, & Waters, 2016; Webb et al., 2015; Zimmer-Gembeck et al., 2017), there have been few studies of mechanisms or predictors of BDD symptoms in children or adolescents. The aims of the present study were first to examine whether elevated symptoms characteristic of BDD among youth between the ages of 9 and 14 were associated with parents' weight and appearance teasing of their offspring and parents' own negative attitudes and behaviors related to weight and appearance. Notably, information about parents' appearance concerns were gathered from both parents and offspring. Our second aim was to examine whether the association of parents' teasing and negative attitudes about weight and appearance with BDD-like symptoms was indirect via children's heightened concerns that rejection in social relationships depends on appearance (known as appearance-based rejection sensitivity [appearance-RS]; Park, 2007). Finally, we sought to examine whether the associations between parent factors and BDD-like symptoms differed between boys and girls.

1.1. Parental influences and BDD

Parents are the most important social influence for children (Maccoby, 1992), including in relation to appearance ideals. The

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Tripartite Social Influences Model (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) is a widely accepted model of the development of body image concerns and eating pathology. According to this model, parents, along with peers and the media, play formative roles in the development of appearance ideals throughout childhood (Shroff & Thompson, 2006) and into adolescence (Webb et al., 2017). Notably, some BDD sufferers report that parents reinforced a focus on appearance during childhood (Neziroglu, Roberts, & Yaryura-Tobias, 2004). Despite the evidence for the important role of parents for child development in general, and in relation to body image beliefs and behavior more specifically, parent factors have not been examined at all in relation to BDD symptoms, with the exception of one descriptive study outlined below (Mastro et al., 2016).

1.1.1. Teasing about weight and looks

Research examining specific social risk factors for BDD has identified that in samples of male and female adolescents (Webb et al., 2015) and young adults (Lavell, Zimmer-Gembeck, Farrell, & Webb, 2014), BDD symptoms are associated with higher levels of peer teasing about weight, shape, or appearance more broadly. Yet, teasing by parents may also play a role in early adolescents' BDD symptoms, given that parents are important sources of information and support (Hair, Moore, Garrett, Ling, & Cleveland, 2008; Steinberg, 2001) and young adolescents still spend a great deal of time with parents (Zeijl, Te Poel, Du Bois-Reymond, Ravesloot, & Meulman, 2000). One study based on the same sample as the present study (Mastro et al., 2016) has examined teasing by parents about "weight or looks" in relation to BDD symptoms in adolescent boys and girls. This study found young adolescents classified as having high BDD symptom levels reported more teasing about weight and appearance by parents, relative to their peers with low BDD symptoms.

1.1.2. Parental negative attitudes

Apart from the more direct messages conveyed by teasing about weight and appearance, parents' attitudes toward their own appearance (including about weight or looks) might result in covert or inadvertent displays that may be influential because they are observed and internalized by offspring (Neziroglu, Khemlani-Patel, & Veale, 2008). While not examined previously in relation to BDD symptoms, parental attitudes have been identified in a review of research as important predictors in the development of appearance ideals and concerns among young boys and girls (Ricciardelli & McCabe, 2001), and daughters' recollection of their mothers' concerns about weight and general appearance have been associated with their own concerns about weight and general appearance (Rieves & Cash, 1996). Mother's (and to a lesser extent, father's) appearance beliefs and behaviors, including complaints and comments about own weight, weight loss attempts and investment in thinness, have been found to be associated with offspring's weight loss attempts, body esteem and concerns about weight gain (Smolak, Levine, & Schermer, 1999). Moreover, among adolescent boys and girls, perceptions of more negative parental appearance attitudes and behavior (i.e., parental worry or self-criticism about weight, shape, or muscle tone, and emotional eating) have been prospectively linked to elevated concerns about appearance-RS, which is a social-perceptual processing bias involving expectations of and anxiety about social rejection on the basis of appearance (Webb et al., 2017). Whereas well-intentioned parents may not explicitly communicate pressure for their children to conform to appearance ideals, adolescent perceptions of parents' implicit messages (i.e., parents' negative attitudes about their own weight and looks) may nevertheless contribute to the exacerbation of offspring's appearance concerns (Webb et al., 2017).

1.1.3. Parent compared to child reports

Much of the past research on parental appearance-related attitudes and offspring's appearance concerns has relied on self-reports from children about both their parents' behaviors and their own attitudes or behaviors. However, it is known that there are inconsistencies between parent and child perceptions of parents' appearance-related behaviors. In one study, the greatest disagreements between reports of parents and their adolescents (boys and girls) concerned more indirect or potentially covert behaviors (e.g., parents' comments about their own weight and engagement in dieting), rather than more overt appearance-related pressure (e.g., encouragement for child to lose weight; Haines, Neumark-Sztainer, Hannan, & Robinson-O'Brien, 2008). Of the covert parent behaviors, it was only child reports, and not parent reports, that were associated with children's dieting and concerns about weight or body shape. In another study of adolescent boys and girls, it was adolescent perceptions of parents' maladaptive eating attitudes and behaviors, and not parents' own reports, that tended to be associated with adolescents' maladaptive eating attitudes and behaviors (Baker, Whisman, & Brownell, 2000). Thus, discrepancies may exist between what parents believe they are conveying to their children and what children perceive, and it may be that child perceptions are most important for child outcomes. Investigating the association of early adolescents' symptoms characteristic of BDD with parental negative attitudes about weight, shape and appearance and maladaptive eating behaviors, when reported by parents and their children, provides a novel contribution of the present study, and provides a more detailed picture of the social risk factors.

1.2. Appearance-RS as a mediator and BDD-like symptoms as a compensatory response

In extending the Tripartite Model, theorists have more explicitly described the role of individuals' thoughts and feelings about social relationships and rejection as mechanisms that explain why parental teasing about weight or looks (or other negative appearance-related experiences) can result in elevated BDD symptoms. For example, the cognitive behavioral model of BDD (Veale, 2004) suggests that adverse social experiences during childhood (e.g., teasing or victimization) are linked to internalized negative self-criticism. These social experiences and negative self-criticism result in selective, self-focused attention to specific features of appearance, leading to heightened awareness and exaggeration of undesired aspects. Together, they contribute to body image distortions and BDD symptoms. In support, research findings (Fang et al., 2011; Lavell et al., 2014) have shown that males and females with BDD symptoms demonstrate heightened sensitivity and vigilance to even ambiguous cues of social rejection, and attribute these signs of rejection to their appearance (Park, 2007).

This escalating cycle of hyper-vigilance to personal appearance and to social rejection on the basis of appearance identifies a possible direct process through which appearance preoccupation and BDD symptoms develop (Fang et al., 2011; Lavell et al., 2014; Webb et al., 2015). Compensatory responses or self-protective strategies, such as mirror checking, excessive grooming, or camouflaging with cosmetics or clothing are performed to conceal or improve perceived deficits and prevent future victimization or rejection (Veale, 2004). As such, experiences of early social adversity (especially when related to one's body or appearance more broadly) could precipitate an escalating cycle of appearance hypervigilance, distress, and compulsive behaviors via the development of a social-perceptual processing bias. This bias involves heightened perceptions of rejection from others, and attribution of the perceived rejection to an appearance deficit, and has been referred to as appearance-based rejection sensitivity (Park & Pinkus, 2009).